U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	01/01/2004 Through: 12/31/2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name THOMAS - CARUSO	Name BROTHERHOOD OF LOCOMUTIVE ENGINEERS & TRAINMAN			
	Exabor Organization File Number 542-824			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 155 LEBANON CHURCH ROAD	Street 155 LEBANON CHURCH ROAD			
City PITTSBURGH	City PITTSBURGH			
State PENNSYL V ANIA ZIP Code + 4 [5236-3756]	State PENNSYLVANIA ZIP Code +4 15236 3756			
5. Position in labor organization. SECRET ARY / TRE	ASURER			
Enter appropriate data below if, during the past fiscal year, you or your spor	ISO OF minor child directly or indivently bad full full			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
	e of which cally details and the control occurs.			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	NONE RECEIVED			
	7.b. Amount.			
Street				
State ZIP Code + 4	nya manazara kata kata da kata			
Signature to the State Control of the State Control				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed has laste	on 7-6-05 412-655-8679			
- I I I I I I I I I I I I I I I I I I I	Date Telephone Number			
Form I M 20 (2002)				

BURLD CONTRACTORER CSECUREBERSWED FOR ENGINE

Name of Person Filing THOMAS CARUSO		File Number U -		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	groundering			
Trade Name, if any:	a. Labor Organizatio	on		
P.O. Box, Bldg., Room No., if any	c. Employer			
Street				
City				
State ZIP Code + 4	NONE R	eceive D		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	1944-1940-1940-1940-1940-1940-1940-1940-		thirding-investory	
Trade Name, if any:			оспинаненция	
P.O. Box, Bldg., Room No., if any	NONE RECEIVED			
Street	11.b. Approximate dollar value			
City	12.a. Nature of interest held	or income received.		
State ZIP Code + 4	dente and		enderweeklonde	
	**************************************		hennessonnessanss	
	NONE	RECEIVE		
	12.b. Amount.	***************************************		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	TO THE POST OF THE		
(including trade name, if any).	эличетралогания		operation and the second second	
Name	200000000000000000000000000000000000000		placembarrant	
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any			opposition and the second	
Street	werknoonstanane.		and the contract of the contra	
City	Annico and a service and a ser		navoniproticistor e e	
State ZIP Code + 4	NONE	RECEIV	E D	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		rimanianianianianianianianianianianianiania	